



LMSP

Procedure for signing up for a Lawrence Math & Science Partnership Program Assignment

- 1. Fill out the Student Information Sheet.**
- 2. Return the completed sheet to the Stevens Center by February 1st .**
- 3. Go to the training. (see below)**
- 4. Keep the cover of this packet for your records.**

OFFICE INFORMATION

Stevens Center Director: Mary McHugh

Stevens Center Assistant Director: Katie Donell

Stevens Center Graduate Fellow: Breanna Walukevich

Sakowich Campus Center - Room 380

Office hours 8:30 – 5:00 pm

stevenscenter@merrimack.edu

Phone: (978) 837-5125

Training Sessions:

Tuesday February 2nd, 4:00pm-5:00pm
3rd Floor Lounge Sakowich Campus Center
Wednesday February 3rd, 4:00pm-5:00pm
3rd Floor Lounge Sakowich Campus Center
RSVP by Monday February 1st

Spring 2016

Lawrence Math & Science Partnership

STUDENT INFORMATION SHEET

Name _____ ID # _____

Are you a Resident? (Please Circle) Yes No

Merrimack e-mail address _____

Please list your cell phone: _____

Year of Graduation: _____ Major/Minor _____

Please check which site you would prefer to volunteer at (please order preferences if you have multiple availabilities):

Mondays	Tuesdays	Wednesdays	Thursdays
<input type="checkbox"/> Hellenic Academy (1:50pm-3:30pm)	<input type="checkbox"/> Bruce School (2:45pm-4:15pm)	<input type="checkbox"/> Family Dev Charter (3:15pm-4:45pm)	<input type="checkbox"/> Lawrence Catholic Academy (1pm-2:15pm)
	<input type="checkbox"/> Bellesini Academy (3pm-5pm)	<input type="checkbox"/> Lawrence Boys and Girls Club (3:30pm-5pm)	<input type="checkbox"/> Lawrence Catholic Academy (2:30pm-3:45pm)
		<input type="checkbox"/> Adelante (4:15pm-5:45pm)	<input type="checkbox"/> Si Se Puede (3pm-5pm)
			<input type="checkbox"/> Lawrence Boys and Girls Club (3:30pm-5pm)

Will you need transportation? _____

What time does the last class on the day you selected get out? _____

Will you be eligible for service learning credit for taking part in the LMSP Program? Yes _____ No _____

If you are eligible for service learning credit, please list course(s) below.

Course 1: Name and Number _____ Section _____

Instructor's Name _____

Course 2: Name and Number _____ Section _____

Instructor's Name _____

Course 3: Name and Number _____ Section _____

Instructor's Name _____

Course 4: Name and Number _____ Section _____

Instructor's Name _____

Training Session

PLEASE CHECK ONE TRAINING

_____ February 2nd at 4:00pm-5:00pm, 3rd Floor Lounge, 3rd Floor Sakowich Campus Center

_____ February 3rd at 4:00pm-5:00pm, 3rd Floor Lounge, 3rd Floor Sakowich Campus Center

For Office Use Only:

Input Info Computer: Y _____ N _____

Confirmed Site: Y _____ N _____